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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/762,820
Filing Date	January 22, 2004
First Named Inventor	Truyen HUYNH
Art Unit	2681
Examiner Name	
Attorney Docket Number	P1058US00

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000054640

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
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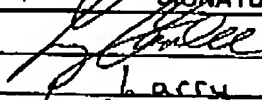
<input type="checkbox"/> Firm or Individual Name			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Larry Conlee		
Date	10 Aug 2005	Telephone	519 888-7465

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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